

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-020799
5226 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5226

FILED JUN 7 1962

VS 300
Rev. 4/59

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DATE AMENDED
6-21-62

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF ATTORNEY

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
1 1/2 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Homer G. Phillips Hosp

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
3144a Hickory St

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
LORENE NEVITT

4. DATE OF DEATH
Month Day Year
May 20 1962

5. SEX

Female

6. COLOR OR RACE

Col

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-9-25

9. AGE (last birthday)

37

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

0 11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Carrollton Ala

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

George Washington

13b. MOTHER'S MAIDEN NAME

Alice Williams

14. NAME OF HUSBAND OR WIFE

Willie J. Nevitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Willie J. Nevitt 3144a Hickory St

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute diffused generalized peritonitis.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Acute appendicitis with abscess

DUE TO (c)

Septicemia, acute intestinal obstruction

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

550.1 E

PART III. If deceased was female was there a pregnancy in last 90 days.

☒ Yes ☐ No ☒ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Paul J. Simon

(Degree or title)

Deputy Coroner

22b. ADDRESS

1300 Clark Ave

22c. DATE SIGNED

5/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5-24-1962

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Carrollton Ala

24. FUNERAL DIRECTOR

ADDRESS

JAS H. RANDLE & SON 3133 Bell Ave

25. DATE REC'D BY LOCAL REG.

MAY 23 1962

26. REGISTRAR'S SIGNATURE

Loan Smith. M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Esther N. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.